A STUDY ON ABUSE AND NEGLECT OF ELDERLY WOMEN LIVING IN FAMILIES AND OLDAGE HOMES OF KERALA

SYNOPSIS

Introduction

As elsewhere, most elderly persons in India are often subjected to multiple forms of familial and societal neglects and abuses. In the backdrop of emerging demographic transition characterized by an ageing population in the coming years, helping professions, especially social work is tasked with meeting psychosocial and health needs of elderly persons.

Statement of the problem

In India, there has not yet been a country wide, cross regional study giving estimates of elder abuse and neglect (Veedon, 2001). Though elder abuse has been observed in Indian families, it remains largely hidden within the privacy of the home. Even though elder men and women are the subjects of elder abuse, women are worst sufferers, because they lack social networks and are not informed about the available support services. From social vulnerability perspective, present study assume that more deficits or problems an individual faces or accumulates in his/her life, the more vulnerable he/she will be than an individuals with fewer deficits (Andrew, et al., 2008). Hence, it is assumed that problems or deficits accumulated in the socioeconomic life of elders critically dispose them to neglect and abuse. Elders with decreased social support and increased social problems are more likely to experience abuse and neglect from family members.

Aim of the study:

Aim is to study abuse and neglect faced by elderly women and its relation to their social support, social relationships, social problems and psychological well being. The study further explores the forms of abuse and neglect and associated risk factors.

Specific objectives of the present study are;

1. To study the socio-demographic characteristics of the elderly women residing in families and old age homes
2. To study the forms and extent of abuse and neglect from family members as experienced by elderly women living in families

3. To study the forms and extent of abuse and neglect from family members as experienced by elderly women staying in old age homes, while they had been living with their families.

4. To study the risk factors of abuse and neglect of elderly women living in families and old age homes.

5. To assess the psychological wellbeing of elderly women living in families and old age homes.

6. To study the relationship of abuse and neglect with social support, social relationship, social problems and psychological well being of elderly women.

Hypotheses

Based on the objectives and key conceptualization of the research problem within the social vulnerability perspective, the current study hypothesizes the following relationships:

H:-1. There is a significant relationship between elder women's experience of abuse and neglect and social problems.

H:-2. There is a significant relationship between elder women's experience of abuse and neglect and social support.

H:-3. There is a significant relationship between elder women's experience of abuse and neglect and their psychological wellbeing.

H:-4. There is a significant relationship between elder women's experience of abuse and neglect and social relationship.

H:-5. There is significant difference between abused and non-abused elderly women in social support, social relationships, social problem and psychological well-being.

H:-6. There is significant difference between elderly women living in families and old age homes in social support and social problem

H:-7. There is significant difference between elderly women living in families and old age homes in social relationship and psychological well being

OPERATIONAL DEFINITION CONCEPTS

***Elderly women*:** Elderly women are those who live in families and institutional care facility and are in the age group of 60-90years at the time of the interview. This include elderly women of all marital status such as unmarried, those living with spouse, deserted, separated or divorced and widowed. Elderly women living in families are the members of saayamprabha project of helpage India. Elderly women living in the institutional care facility

are those enlisted in the directory of old age homes of Ernakulam District published by HelpAge India in 2010]

***Socio demographic variables*:** Socio demographic variables of elderly women contains age, marital status, education, former and current occupation, current living status (living with whom), current dependency status (dependency to meet medical and financial needs), type of residence, religion, monthly individual and family income and so on.

***Elder abuse and neglect*:** Abuse and neglect is operationally defined as denial or refusal of support to the elderly women by family members. This includes insensitive treatment and indifferent attitude of family members towards meeting physical and psychological needs and requirements of elderly women, which causes harm or distress to an older person. In the case of elderly women living in old age homes, their experience of abuse and neglect while they had been living in families are considered. (Perception of abuse and neglect schedule developed by the researcher)

Risk factors: Risk factors are those factors associated with abuse and neglect of elderly women. In the present study variables such as socio demographic profile, social support, social problems and social relationship are considered as the risk factors associated with elder abuse and neglect. It is assumed that these factors determine abuse and neglect of elderly women

***Social support*:** In the present study social support is defined as perception of elderly women living in families and old age homes about the support they receive from friends, family and significant others in life. It is their perceived feeling about the availability of help (to get things done, financial help), guidance (to make decisions) or support (emotional) from people around them whenever they need it. *[Multi-dimensional Scale of Perceived Social Support* (Zimet, et al., 1988)]

***Social problems*:** Elder women's (living with families and institutional care facilities) self-appraisal of the degree of difficulties and dissatisfaction they encounter on everyday life basis in the areas of housing, finance, work, and marital life, relationships with children. This is measured using *Social Problem Questionnaire* (Corney and Clare)1985

***Social relationship*:** Nature of relationship elderly women (living with families and institutional care facilities) is having with people in their personal life like love and concern, understanding and respect shown by the people towards elderly women. This includes level of conflict with others, actual membership and active involvement in associations, organizations groups etc and perception of elderly women about their relationship with people. This is termed as social integration. Social integration is operationalized in two

dimensions. First, the objective social integration is about the nature of relationships elderly women having with the people in their social life like membership in organizations and groups; and their level engagement in such groups. Second, the subjective social integration in which perception of elderly women is measured in terms of relationship they have with people in their personal and social life. ***[****Social Relationship Scale* (Brien, et al., 1993]

Psychological well being**:** Psychological wellbeing is the feeling of well being as perceived by the elderly women living with families and institutional care facilities and their sense of content about oneself in terms of her enjoyment of social support, family support, physical and psychological health, achievement and satisfaction about overall life.

Pilot study

- The researcher held a series of discussion with experts who were involved in the field of geriatric social work and also with the experts in the research field.
- Help age India, Kerala office provided by facilitating the access to the community and collecting the list of elderly groups of the Saayam Prabha project through their animators.

RESEARCH DESIGN

The sequential explanatory strategy of mixed method is used in this study, which is characterized by the collection and analysis of quantitative data in a first phase of research followed by the collection and analysis of qualitative data in a second phase that builds on the results of the initial quantitative results (Creswell, 2009).

First phase, i.e. **quantitative phase** address the direct and inverse relationship or comparison of socio demographic variables, social support, social problems, social relationship, psychological well being and abuse and neglect of elderly women living in families and old age homes of Ernakulam district. Information from this first phase is explored further in the second qualitative phase.

In the second phase, qualitative interviews and focused group discussions were used to probe the severity and nature of abuse and neglect and explored the risk factors that facilitate family neglect and abuse of elderly women. The reason for following up with qualitative research in the second phase is to better understand and explain quantitative results.

UNIVERSE

Considering the sensitive nature of the study it was difficult to widen the area of study to the entire state of Kerala. To get more access to the elderly women living with families researcher approached Help Age India as they have a community outreach programme for

elderly in Ernakulam district. Thus the study universe constituted elderly women living in Ernakulum district of Kerala. These included elderly women in the age group of 60-90 years, who live with families and institutional care facilities. Elderly women were divided into two groups based on the present type of residence.

- First group is Elderly women, living in the family who are the members of Saayamprabha project of HelpAge India, in the district of Ernakulum in Kerala'. This project has three zones viz., Vypin, Ernakulum and Koonamaavu and each zone has 77, 60 and 58 groups respectively. Each group consists of 16 women. Total number of elderly women living in families is 3120.
- Second group of study participants formed 'elderly women living in old age homes for a period of six months and above for the study participants. The present study considered the directory of Old Age Homes published by HelpAge India (2010) for the selection of old age homes. There are 49 institutional care facilities in Ernakulum District. Among 49 institutional care facilities in Ernakulum district, 45 constitute elderly female inmates. A total of 1432 female elderly were residing in the institutions at the time of study.

  Population of the study is 3120 + 1432 = 4,552.

UNIT OF THE STUDY

Elderly woman in the age group of 60-90 years living in families (members of saayam prabha project) and old age homes enlisted in the directory of HelpAge India (2010) within the district of Ernakulum, who are, unmarried, living with spouse, separated or divorced, deserted, widowed constitutes the unit of study.

SAMPLING

i. **For the quantitative component**, multistage probability sampling procedure was adopted. From institutional care facility, a total of 93 elderly women were selected while another 101 elderly women were selected from those who were covered in the HelpAge India's project called 'Saayamprabha', therefore constituting a sample size of 194. Details are given below in table-1 and table-2 respectively

TABLE- 1 Sample size of participants living in old age homes

Name of selected old age homes in Ernakulam District	Number of female elderly inmates	50% of the inmates
MES Home for senior citizens	19	9
Holy cross senior citizens home	34	17
House of providence	61	31
St. Joseph's Waifs home	51	25
Government old age Home	22	11
Total	**187**	**93**

TABLE-2 Sample size of participants living in Families

Zones	Number of groups	5% of total no of groups	Number of elderly females in each group	60% of female elderly members	Number of elderly females from each zone
Vyppin	77	4	16	10	10x4=40
Ernakulam	60	3	16	10	10x3=30
Koonammaavu	58	3	16	10	10x3=30
			Total		**100*+1**
***Total sample size of elderly women living in families**					**101**

Total sample size of elderly women for quantitative phase= 93+101=194

ii. **For qualitative phase** of the study, a total of 4 focused group discussions and 16 in-depth interviews were conducted. While conducting interviews for the quantitative phase researcher identified 16 cases of severe abuse and neglect, which was selected as sample for qualitative phase. Two FGDs (10 elderly women in each group) were conducted among the elderly women living in families. Two FGDs were conducted among the elderly women (8 elderly women in each group) living in old age homes. Sample size for qualitative phase is 52. Details are given below in table-3:-

TABLE-3 Sample size of participants living in Families and old age homes

Sl.no	Tool used	participants	Sample size
1	In depth interview	Elderly women living in families and old age homes	16
2	2 Focused group discussions	Elderly women living in families (10 in each group)	2x10=20
3	2 Focused group discussions	Elderly women living in old age homes (8 in each group)	2x8=16
		sample size	=52

Total sample size for the study is 194 (quantitative phase) +52 (qualitative phase) =246 elderly women

TOOLS FOR DATA COLLECTION

As the present study is conducted in two phases and it begins with quantitative phase.

I. Quantitative phase

List of instruments used in this phase were:

1. *Socio demographic profile*: Socio-demographic profile is the questionnaire prepared to collect information of elderly women and their important family members. It is divided into two parts. The first part consist of 22 questions that collected demographic details of the elderly women which contained age, sex, marital status, education, former and current occupation, current living status, current dependency status, place of residence, family income etc. Second part was designed to collect the demographic details of caregivers of elder women with 13 questions. It contains age, sex, education, marital status, monthly individual and family income, caregiver-receiver relationships, dependency status etc
2. *Multi-dimensional Scale of Perceived Social Support* (Zimet, et al., 1988): This is a five point Likert type instrument with 15 items, designed to measure multidimensional aspects of perceived social support. Questions are in the form of statements. Responses range from “strongly disagree=1 to strongly agree=5. It give four scores viz., family support, friends’ support, significant others support and total

social support. High score indicates high amount of social support enjoyed by the respondents. The Cronbach's alpha for this scale in the current population was 0.83.

3. *Social Problem Questionnaire* (Corney and Clare)1985: Social problem questionnaire was used to measure the severity of social problem faced by elderly women. This instrument contained a total of 33 questions that elicit social problems namely '*dissatisfaction*s' and '*difficulties*'. This was used to measure difficulties and dissatisfaction associated to housing, finance, work, and marital life, relationship with children, spouse, relatives and neighbours. The questionnaire was modified into the Indian context. This modified version has 22 questions which were distributed in eleven problem areas. This instrument has been widely used in Indian setting to measure the experience of stress. Less or no score indicate no difficulties and dissatisfaction whereas high score indicate high level of difficulties and dissatisfaction experienced by the respondents on respective problem domains. The Cronbach's alpha for this scale in the current population was 0.79.
4. *Social Relationship Scale* (Brien, et al., 1993): This scale was used to study the nature of social relationships and social integration. This is a 26 item scale designed to measure social support and social relationships in five domains viz., perceived social support, validity, conflict, objective social integration and subjective social integration. The established alpha coefficient for social support was á=.873; conflict alpha coefficient was .775, for conflict alpha coefficient was .820, objective social integration with an alpha coefficient of .886 and for subjective social integration with an alpha coefficient of .820 showing uni-dimension of factors. However, the present study has excluded perceived availability of support as we used standardized scale of multi-dimensional aspects of social supports is using in this study. The Cronbach's alpha for this scale in the current population was 0.86.
5. *Subjective Well-Being Inventory* (Nagpal & Sell, 1992): This is a 40-item scale that consists of eleven subscales. This scale was used to measure the feeling of well being as perceived by the elderly women and the sense of content about oneself in terms of her enjoyment of social support, family support, physical and psychological health, achievement and satisfaction about overall life. The minimum and maximum scores that can be attained are 40 and 120 respectively. The total score can be interpreted summarily in three broad score ranges 40-60, 61-80 and 81-120 to have an overall picture of well being of elderly women. The minimum and maximum scores on the

positive items are 19 and 57 respectively. The minimum and maximum scores on the negative items are 21 and 63 respectively.

6. *Perception of abuse and neglect schedule*: The researcher has developed a structured interview schedule to study the perceptions of abuse and neglect. The schedule consists of 18 items in which first 3 items are designed to examine the source of abuse, elder's response to abuse, and factors influencing response to abuse. The responses ranged from strongly disagree (01), disagree (02), agree (03) and strongly agree (04). The Cronbach's alpha for this scale in the current population was 0.68.

II. For the qualitative part of the study an in-depth interview guide and topic guide was developed to conduct in-depth interviews and Focus Group Discussions respectively. A topic guide was used to elicit information from the abused and neglected elderly women regarding

- Severity of neglect from children, sons and daughters in law, grandchildren.
- Financial, verbal, psychological and physical abuse faced by the elderly women from family members.
- Perceived reasons of elderly women for abuse, neglect and institutionalization by family members.
- Contexts and risk factors that facilitates abuse and neglect of elderly women

Topic covered under the group discussion includes

- General problems faced by the elderly women in families
- Relationship of elderly women with the family members
- Changes observed in the treatment of elderly women at home
- Status of elderly women in families
- Abuse, neglect and abandonment of elderly women by family members.

DATA ANALYSIS

For quantitative data, three levels of analyses were performed. Details are given below;

Statistical tests	
Test conducted	Purpose of test
Descriptive statistics(mean, mode and SD)	➢ To study the central tendencies of the variables of interest
Pearson's correlation	➢ Correlation of critical study variables – social support, social problems, social relations, psychological well

	being, neglect and abuse
Chi- square test	➢ Cross tabulation of marital status and type of care ➢ Marital status and reasons for institutionalization
Independent sample t- test	➢ Difference of selected variables between elder women in institutional and home care ➢ Difference of selected study variables between dependence status (self and husband) of elder women for health needs ➢ Difference of selected variables between abused and non abused elderly women
One way ANOVA (Duncan post hoc test)	➢ Variance of selected study variables across elder women with different marital status ➢ Across different religious groups of elder women ➢ Across educational qualifications ➢ Across elder women's place of residence
Stepwise linear regression analysis	➢ Examined predictor factors of elder abuse and neglect-

For qualitative data analysis, grounded theory analysis was performed. In-depth Interviews, focused groups discussions and key informant interviews were audio taped, transcribed in the native language and subsequently translated into English. Each piece of data is compared and contrasted with other data to build a conceptual understanding and while going through the data important sections were marked and added descriptive name to it. This is the first step of coding and called open coding. As FGDs and interviews continue to elucidate and underline key themes, axial coding is used to connect categories and identified the relationship between codes.

CHAPTERISATION

The study was reported in seven chapters.

MAJOR FINDINGS - Quantitative Phase

***Socio demographic profile*:** Age of elderly women selected for the present study ranged from 60-90 with a mean of 70.14. Out of the 194 elderly women 66 percentage (ie.128 nos) of elderly women reported abuse from family members Social support and psychological wellbeing were inversely correlated with age with a direction that as the age increases social support ($r = -.219$; $p < .001$) and psychological wellbeing($r = -.235$; $p < .001$) decreases.

Social support (F = 4.316; df: 190; p < .001), social problems (F = 11.495; df: 190; p < .001) and social relations (r = .218; p < .001) were also significantly varied across different marital groups of elder women. Elderly women's experience of abuse and neglect were also significantly varied across different marital status groups (F = 3.570; df: 190; p < .015). The deserted or separated women experienced substantial neglect and abuses from family whereas, elderly women living with their spouse had faced least experience of neglect and abuse (mean=36.4).

***Social support*:** Elderly women enjoyed relatively low level of social support from their family, friends and significant others (Mean=26.9; SD=7.2; & range= 12-48). Social support was significantly differed in abused elderly women (mean=25.5) than those who are not being abused (mean=29.6). This difference was statistically significant at 0.001 level (t = -3.942; df: 192; p< .001). The mean difference shows that elder women who live in homes showed high level of social support enjoyed by (mean=28.3) than those who live in institutional care

***Social problems*:** Severity of social problems was significantly differed between those women who reported abuse and neglect and others (t=2.806; df: 191; p<.006). Increase in social problems leads to increase in conflictual social relationships thereby low level of social integration. Social problems were also significantly differed between elder women who live in home and in institutional care (t = 2.958; df: 191; p < .003).The mean difference shows that elder women who live in home care reported higher social problems (mean=19.7) than those who live in institutions (mean=16.8).

***Social relationships*:** Abused elderly women had high level of conflict in social relations (M=45.6) than non-abused (M=42.2). Pearson's correlation analysis reveals that there is a significant relationship between the experience of neglect and abuse and social social relationship (r = -.218; p< .001).

***Psychological wellbeing*:** Psychological wellbeing was significantly differed between abused and non-abused elderly women (t=-10.452; df: 192; p<.001). **N**on abused elderly women have better psychological wellbeing (mean=82.2) than those who are abused (mean=64.6).

***Elder abuse and neglect*:** Elderly women experienced moderate level of neglect, inadequate emotional support, high level of disrespect and were highly dissatisfied with the insensitive and indifferent treatment of family members. Elder women's experience of abuse and neglect was significantly differed between those who live at home and in institutional facilities (t = -.1.933; df: 192; p < .055). Elder women who live in institutional care facilities

experienced high level of abuse and neglect (mean=36.4) than those who are living in homes (mean=38).

***Risk factors of abuse and neglect*:** Three variables viz., objective social integration, social support from family and difficulties and dissatisfaction in housing together accounted for about 50% of variance on elders experience of abuse and neglect (R^2= 0.499).

Hypothesis testing

The researcher had set seven hypotheses for the purpose of the study. First six hypotheses were accepted. Seventh hypothesis was not accepted.

QUALITATIVE FINDINGS

***Physical abuse*:** Physical violence was one of the predominantly experienced forms of violence among elderly women which included beats, kicks, punches, hits, push down onto floor and so on.

***Verbal abuse experience*:** Verbal abuse was the most frequently emerged form of elder abuse. It included calling elderly women by their names, labeling them as mad and crazy, shouting in public with dishonoring words, and showing outmost disrespects, threatening and intimidating them about inflecting physical harms and getting them out of home

***Emotional abuse*:** Daughters in law often displace their anger towards elder women onto their children who are often voiceless by way of beating and shouting at them.

***Economic abuse experience*:** Economic abuse included snatching of properties like houses, land and forcibly taking away elderly women's money and other valuables by intimidating or physically harming them

***Experience of neglect*:** The content and nature of neglect included not providing adequate quality quantity and timely food to elderly women, making them wait till the other family members finish their food etc. The neglect was found in terms of healthcare of elderly.

***Restrictions and control*:** Elderly women experienced a series of restrictions at homes viz., restrictions upon physical mobility outside homes, family interaction, engaging in leisure activities and exclusion in family decision making.

***Perceived reasons for abuse and neglect*:** Perceived reasons for their children's neglect towards elderly were the 1) disputes and dissatisfactions associated with the sharing of parental property among children.2) during old age, elderly women become a burden, as

they were not economically active and therefore do not contribute financially to the households

***Contexts and risk factors of abuse and neglect*:** Elder abuse was associated with other forms of social illness such as alcoholic and gambling behaviours of sons and sons in law, mental illness of daughters.

Psychosocial problems of neglected and abused elderly women: Elderly widowed women were found to experience a range of psychosocial problems such as feeling lonely, feeling worthless, living alone, social and familial isolation, social distancing within and outside families, decreased social support, and excessive familial control on personal freedoms, physical mobility outside homes, and finally reduced social roles.

***Coping with stressful everyday life situations*:** Elder women both in institutional care and in their own residence use diverse strategies to adapt with the stressful everyday life situations in the context of abuse and neglect such as ignoring such acts to protect the dignity of the family and resort to spirituality.

Practice implications to social work

Social workers as catalyst agent of society have a significant role to play in bringing the marginalized elderly to the mainstream society. Social workers need to plan multi-facet interventions at different levels such as personal, family, community and societal levels.

Role of schools of social work

1. Incorporate social gerontology in the curriculum of social work
2. For concurrent field training and for block placement students can be placed in the aged institutions and communities (in the field of social ageing) to get an exposure to the issues of aged and learn to make interventions.
3. Promote publication of research reports on ageing to enrich the database
4. Schools of social work can act as the social advocates in propagating the social policies and programmes for the elderly.
5. Initiate sensitization campaigns at large by launching social actions on issues related to problems of aged and injustice if any done to this group

Role of professional social workers and NGOs

6. Social worker has to facilitate an integrated approach of community, NGOs and panchayats to ensure the wellbeing of elderly women.

7. Primary health care providers and private medical practitioners are the primary contact points in elderly health care scenario in rural India. Therefore , sensitizing and equipping primary healthcare providers are of paramount importance
8. Initiate day care centres in all panchayats and ensure utilization of fund reserved for the elderly women.
9. Convince the concerned authorities the need for a professional and integrated approach towards meeting concerns of elderly. (professional social worker, psychologist, geriatrician,)
10. Awareness campaigns to spread the information on the existing measures for the support of elderly. (Acts, privileges, services etc)
11. Role enhancement need to be improved for elderly women's social engagement therefore better social integration. This would in turn help elderly to enjoy integration, support, therefore psychological wellbeing as well as better quality of social life.
12. Forming SHGs and social support groups for elderly, initiating micro saving and credit programmes are significant in terms of enabling elderly persons, especially deprived one to be economically relatively independent.
13. Needs and concerns of elderly women living in old age homes are more or less unattended. Social workers can facilitate Corporate Social Responsibility to improve the conditions of elderly living in unpaid old age homes.
14. The present study justifies the need for initiating and sustaining a community movement with elderly and community participation wherein social workers may be positioned themselves as enablers, organizers, facilitators and so on.

Role of Government

1. Equip primary health care providers and private medical practitioners as critical service facilitators to connect elderly to social and welfare institutions and formal justice institutions meant for them.
2. Strengthen CHCs / PHCs / Mobile Clinics to cater to the needs of elderly
3. Ensure decent and adequate housing facilities as a critical programmatic response. (The concerned NGOs and government organizations need to take up such issues.)

4. A networking of Vayomithram, police force, NGOs, Government departments, old age home etc is very much essential if they have to address the needs of distressed elderly.

Conclusion

The present study was a systematic effort to examine the abuse and neglect faced by elderly women living in families and old age homes in Ernakulam District of Kerala. The significant predictors of abuse and neglect of elderly women were objective social integration, social support from family and difficulties and dissatisfaction in housing. Dimensions of elderly women's experience of abuse and neglect included physical, verbal, emotional, and economic abuses. Finally, the study also found a new dimension of psychosocial problems of elderly women and coping mechanism to deal with stressful everyday life situations. Developing tailor made social work interventions modules for elderly and their family members to develop family competence are critical towards improving standard social work practice for elderly persons Social workers' role as catalysts agents and facilitators in bringing the marginalized elderly women to the main stream society is substantial.

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